



Serving the People of California

**WAIVER REQUEST  
FROM FILING QUARTERLY WAGE REPORT(S) ON MAGNETIC MEDIA**

**PART I – EMPLOYER INFORMATION**

Employer Name:		Date:
Mailing Address:		State ID Number:
City/State/ZIP:		Federal ID Number:
Contact Name:	Title:	Telephone Number: (     )

**PART II – WAIVER REQUEST INFORMATION**

1. This request is for TAX YEAR \_\_\_\_\_ QUARTER(S) \_\_\_\_\_
2. Is this the first year you have submitted a waiver request?  
☐ YES     ☐ NO
3. Do you presently own a computer?  
☐ YES     ☐ NO
4. Briefly explain your need for a waiver:

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The waiver request must be filed within 90 days of becoming subject to the magnetic media requirement. Approved requests are valid for up to a maximum of one year. Subsequent requests for a waiver must be filed separately on form DE 3086M. **If this waiver is approved, the paper Quarterly Wage and Withholding Report, DE 6, must be filed by the report due date.** Questions may be directed to (916) 654-6845. Waiver request should be mailed to:

Employment Development Department  
Electronic Filing Group, MIC 15  
Mag Media Unit  
P.O. Box 826880  
Sacramento, CA 94280-0001

**PART III – SIGNATURE**

Under penalties of perjury, I declare that I have examined this form, including any accompanying statements, and, to the best of my knowledge and belief, it is true, correct and complete.		
Signature:	Title:	Date: